	PLEASE TYPE OR PRINT E	ntered previous May Show					
		yes 🗆 no					
	☐ Ms. Mr. Artist_6EOR6E KOZ	MON JR					
	Downson	(Last Name Last)					
	Address 3602 SE VERNRO	. CLEV. HTS OH					
	44/18 Street Tel. (2/6) 3						
	Zip Area Code						
1	Temporary or Studio Address						
	Street City						
	Tel. ()						
	Zip Area Code						
If you do not presently live in one of the counties of the							
	Western Reserve, which county wer						
	Collaborator(If Any)						
	If May Show entries are not accepted or not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address:						

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Deorge Kozmon Dr

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Deorge Kazman Ch

\ \ \ DO NOT DETACH

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